



PEABODY PUBLIC SCHOOLS

27 Lowell Street, Peabody, Massachusetts 01960

Telephone: 978.536.6500

Dr. Josh Vadala

Dr. Kelly Chase

Dr. Mark Higgins

Superintendent of Schools Assistant Superintendent Assistant Superintendent

APPROVAL OF PROFESSIONAL STUDY FORM

I hereby request approval of the following course:

- My Printed Name: _____
- Course Name: _____
- Course Number: _____
- Course Description: _____
- Is this a graduate level Course? _____ If not, please explain why it is relevant to your current teaching position: _____
- Name of the accredited college/University: _____
- Number of college credits: _____
- Course Schedule: (circle days) Sun M T W Th F S
- Course Start Date: _____ End Date: _____
- Course Instructor Name: _____

EMPLOYEE INFORMATION

- Name of Employee: _____
- School or work location: _____
- Grade & Title: _____
- Union: _____
- I have read and attached the signed Educational Reimbursement Information Form
- Employee Signature Confirming the above information:

_____ Date: _____

Please return this completed form to the Assistant Superintendents Office by email, to:

brothersj@peabody.k12.ma.us

APPROVED: ___ Yes ___ No

Superintendents or Designee

Approval: _____ Date: _____

Any questions please Email the Superintendent's Office

macarellim@peabody.k12.ma.us